

## SAVINGS BONDS EasySaver ACCOUNT CHANGES

### SECTION 1

#### ACCOUNT OWNER

Account Owner Social Security Number \_\_\_\_\_

Account Owner Name \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

### SECTION 2

#### ACCOUNT CHANGES

Cancel my account

Suspend my account until \_\_\_\_\_ (You may suspend for no more than 6 months—Show month and year to start purchases again)  
Month Year

New Address \_\_\_\_\_  
(Number and Street, Rural Route, or Post Office Box)

\_\_\_\_\_  
(City Or Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Phone Number \_\_\_\_\_

New Financial Institution Name \_\_\_\_\_

Phone Number \_\_\_\_\_

New Account Number (as shown on your statement) \_\_\_\_\_

New ABA Routing Number \_\_\_\_\_ Checking Savings

(Or attach a voided check from your New Account)

### SECTION 3

#### BOND REGISTRATION CHANGES

Additional Bond

Change an Existing Bond

Cancel only the bond listed here

Bond Owner Social Security Number \_\_\_\_\_

Bond Owner Name \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address \_\_\_\_\_  
(Number and Street, Rural Route, or Post Office Box)

\_\_\_\_\_  
(City Or Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Co-owner or Beneficiary \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

### SECTION 4

#### DEBIT SCHEDULE CHANGES

This is an **ADDITION** to my existing schedule

This **REPLACES** my existing schedule

SERIES EE (Purchase Price = 1/2 Face Value)						SERIES I (Purchase Price = Full Face Value)							
	EVERY MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PURCHASE DATE →													
DENOMINATION ↓	(Indicate below for each month the number of bonds to be issued)												
\$50													
\$75													
\$100													
\$200													
\$500													
\$1000													
TOTAL ANNUAL PURCHASE - FULL FACE VALUE \$ _____													

### SECTION 5

Effective Date for the Above-Requested Change(s) \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Month Year

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Be sure to keep a copy of the completed form for your records!**

## INSTRUCTIONS FOR COMPLETING THE ACCOUNT CHANGES FORM

You may use this form to change, suspend, or cancel your EasySaver account. Please send us the form at least three (3) weeks before your next scheduled debit.

***Be sure to tell us in SECTION 5 when the changes are to take effect***

### SECTION 1. ACCOUNT OWNER

Your social security number and name.

*Note, the form should be completed and must be signed by the account owner—the person whose financial account is debited to purchase the bonds.*

### SECTION 2. ACCOUNT CHANGES

Check the appropriate box(es) and furnish all the new information. If you have a new checking account, you may attach a voided check from the new account in this section. *We suggest you check with your financial institution to verify the correct routing number for your account.*

### SECTION 3. BOND REGISTRATION CHANGES

Check the appropriate box(es) and complete to show the change(s).

### SECTION 4. DEBIT SCHEDULE CHANGES

Check the "Addition" or "Replaces" box and the Series EE or Series I box. Complete the table to show the denomination(s) and number of bonds and the date(s) for debiting your account.

### SECTION 5. EFFECTIVE DATE AND SIGNATURE

Enter the date you want the changes to take effect. Sign and date the form.

*For assistance in completing this form, call 1-804-697-8959 (a toll call) or the toll-free number shown on your EasySaver account verification card.*

### MAIL THE COMPLETED FORM TO:

**SAVINGS BONDS EASYSaver PLAN  
PO BOX 85003  
RICHMOND VA 23285-5003**

***Thank you! Be sure to keep a copy of the completed form for your records.***

---

### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.**